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**\*BIBDATASHEET\*****CONFIRMATION NO. 6312**

Bib Data Sheet

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/696,739 | FILING DATE<br>10/28/2003<br><br>RULE | CLASS<br>411 | GROUP ART UNIT<br>3677 | ATTORNEY<br>DOCKET NO.<br>0275M-000650 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *Must*  
 This appln claims benefit of 60/421,759 10/28/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 01/30/2004**

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | STATE OR<br>COUNTRY<br>MI | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>48 | INDEPENDENT<br>CLAIMS<br>9 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

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 27572  
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TITLE  
 Fastener for spanning a large gap

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1920 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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